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Bib Data Sheet

CONFIRMATION NO. 3376

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|-----------------------------|--|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/612,109 | <i>MH 38-06</i><br>FILING DATE<br>07/01/2003<br><br>RULE | CLASS<br>606 | GROUP ART UNIT<br>3761 | ATTORNEY<br>DOCKET NO.<br>USGI-004 B |
|-----------------------------|--|--------------|------------------------|--------------------------------------|

## APPLICANTS

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*MH 38-06*

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/433,065 12/11/2002

*MH 38-06*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*none MH 38-06*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 09/26/2003

|  |               |                        |                       |                             |
|--|---------------|------------------------|-----------------------|-----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR      | <i>MH 38</i><br>SHEETS | <i>MH 38</i><br>TOTAL | <i>MH 38</i><br>INDEPENDENT |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | COUNTRY<br>CA | DRAWING<br>9           | CLAIMS<br>44          | CLAIMS<br>4                 |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |               |                        |                       |                             |

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## TITLE

Delivery systems and methods for gastric reduction

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|----------------------------|---|--|
| FILING FEE<br><br>RECEIVED | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
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